

Of the study population, 18 (78.2%) were men, with a mean age of 54 years. The commonest co-morbidity was diabetes mellitus, followed by chronic kidney disease and alcoholism. The most frequently affected site was the lower extremities. All the patients underwent surgical debridement and amputation was performed in one patient, followed by antibiotic therapy. The survival rate was 100%.

**Conclusion:** The emm gene profile of our study population was entirely different from the common emm types (emm1, emm3, emm28, emm18) related to severe disease. The 100% survival rate may be attributed to early appropriate management as well as less virulent emm types.

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#### Cholera outbreak - IDP camps in Maiduguri, northern Nigeria, September 2015

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**Background:** On the 11th of September 2015, the Borno state ministry of health was alerted by NGOs about 30 cases of acute watery diarrhoea and 7 deaths from two IDP camps in Maiduguri. 6 NFELTP residents were recruited to investigate the outbreak. We decide to conduct a study to identify associated risk factors and identify ways to avert further outbreaks.

**Methods & Materials:** We conducted a retrospective 1:2 unmatched case control study in order to identify the risk factors associated with the outbreak using a semi structured questionnaire. A case was defined as a person greater than 2years of age with acute diarrhea with or without vomiting from September 10th to September 21st 2015. We searched for more cases within other camps and went through hospital records. Fecal, water and environmental samples were taken for laboratory analysis.

**Results:** A total of 385 cases with 13 deaths, in a population of 11,384 was identified. Attack rate: 3.4%, CFR: 3.4% vomiting (44%), fever (31%), abdominal pain (16%), mean age was 31 years (ranges 2–78years). *Vibrio cholera* type 01 was isolated only from the fecal sample. Poor hygienic practices sequel to contact with a case OR-2.8, CI (2.1–3.7) was significantly associated with this outbreak. The epidemic curve shows a point source propagated transmission.

**Conclusion:** Having contact with cases followed by poor personal hygiene was responsible for the propagation and transmission of the outbreak. The index case was infected from outside the camp and subsequent cases were contacts linked to the index case. Knowledge and awareness campaign on preventive measures and improvement of sanitation and personal hygiene was an effective measure in curtailing the outbreak.

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#### A spate of Lemierre syndrome cases: Causes other than *Fusobacterium* spp.

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**Background:** Lemierre's syndrome is a rare condition typified by septic thrombophlebitis of the internal jugular vein (IJV) originating from a pharyngeal septic focus caused by *Fusobacterium necrophorum* that usually occurs in young adults. Rarer extra-pharyngeal sources and non-*Fusobacterium* bacteria causing the syndrome have been reported.

**Methods & Materials:** We describe a consecutive series of 3 rare cases of non - *Fusobacterium* Lemierre's syndrome of both pharyngeal and extra-pharyngeal origin over a 3-month period in 2014. The first case is a 53-year old Malay female presenting with diabetic ketoacidosis after a recent dental procedure. CT scan showed a left tonsillo-pharyngeal abscess complicated by left external & internal jugular veins thrombophlebitis and septic emboli in both lungs. All cultures including blood, pus from derided abscess and endotracheal aspirates isolated *Klebsiella pneumoniae*. A subsequent case also involved a 53-year old Malay female with Down's syndrome presenting with chronic right ear ache. CT showed right malignant otitis externa, and a parotid and peritonsillar abscess complicated by right IJV thrombosis extending to right sigmoid and transverse sinuses. Admitting blood cultures isolated *Trueperella bernardiae*, *Bacteroides stercoris*, and *Campylobacter urealyticus*. The last case is a 51-year old Malay male with a recent history of diffuse large B cell lymphoma treated 6 months prior. He self-extracted a decayed tooth 4 days before symptom onset. CT imaging revealed a left masticator space abscess, with bilateral IJV thrombosis, left cavernous sinus thrombosis, pulmonic emboli and focal cerebritis. Blood culture isolated *Streptococcus constellatus* and pus from aspirated abscess grew *Prevotella buccae*.

**Results:** Despite very ill initial presentations, all our three cases survived after debridement of abscesses and prolonged antibiotic therapy. The latter 2 cases also received anticoagulation therapy. Our patients are unusual due to the older (middle-) age presentation, atypical causative organisms and originating sources.

**Conclusion:** Clinicians should recognise this rare condition that may be increasing in incidence and ensuing serious complications including septic shock and metastatic disease that may involve the central nervous system.

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